California Mental Health

Stigma & Discrimination Reduction Advisory Committee

WORKBOOK FOR BREAK OUT SESSIONS

March 3, 2009

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BREAK OUT GROUPS SCHEDULE

Round I: 10:15 – 11:30	Round II: 1:00 – 2:15	Round III: 2:30 3:45
Higher Education	Strategic Direction #1: Consumers and Families	Strategic Direction #1: Consumers and Families
Foster Children	Strategic Direction #2: Systems and Organizations	Strategic Direction #2: Systems and Organizations
Strategic Direction #3: Discrimination, the Law and Public Policy	Strategic Direction #3: Discrimination, the Law and Public Policy	Strategic Direction #3: Discrimination, the Law and Public Policy
LGBTQ	Strategic Direction #4: Research and Evaluation	Strategic Direction #4: Research and Evaluation
Veterans		

GOALS FOR TODAY

➢ Develop recommendations and actions for topics not previously discussed: Higher Education, LGBTQ, Foster Children, and Veterans.

➢ Review and refine the higher-level Recommended Actions for each of the four Strategic Directions (not the how-tos – we will review and refine these on 3.25.09)

GROUND RULES FOR SMALL GROUP WORK

There will be many opportunities for meeting participants to engage in group discussion. Everyone is asked to adhere to a few key ground rules to allow for productive outcomes.

"The success of the group is everybody's responsibility."

HONOR ALL PERSPECTIVES
People come to this process from all walks of life and have a variety of rich experiences and expertise to bring to the table. Each person's perspective is valid; no single person has a monopoly on the truth.

ALL IDEAS AND POINTS OF VIEW HAVE VALUE
*During this meeting you may hear something you do not agree with or you think is "silly" or "wrong." Please remember that the purpose of the forum is to share ideas. All ideas have value in this setting. The goal is to achieve understanding. Simply listen. **You do not have to agree, defend or advocate for ideas.***

AVOID EDITORIALS
It will be tempting to analyze the motives or intentions of others or to judge things. Please talk about YOUR ideas and thoughts.

HONOR TIME
We have an ambitious agenda, in order to meet our goals it will be important to follow the time guidelines given by the facilitator.

USE COMMON CONVERSATIONAL COURTESY
Don't interrupt; use appropriate language; no side-conversations at the table, etc.

BE COMFORTABLE
Please feel free to take personal breaks. If you have other needs please let the facilitator know.

FOCUS ON RECOMMENDED ACTIONS RATHER THAN PROBLEMS
Time has been spent identifying and analyzing "problems." Today we want you to move beyond problems to developing recommended actions.

BE POSITIVE
Criticizing something is easier to do than offering a constructive suggestion. But criticisms are easy to dismiss, while constructive suggestions provide the foundation for positive change. We encourage you to focus on how existing systems can be improved, rather than dismantled or gutted.

HUMOR IS WELCOME
BUT humor should never be at someone else's expense.

SPELLING DOESN'T COUNT
Research indicates that writing on a vertical surface (like blackboards or flipcharts) actually increases the number of spelling errors.

CELL PHONE COURTESY
Most of you have demanding responsibilities outside of the meeting room. We ask that these responsibilities be left at the door. Your attention is needed for the full meeting. Please turn cell phones, or any other communication item with an on/off switch to "silent."

"Lenses" We Are Using to Develop Actions

TARGET POPULATIONS **(The Who -- January 14, 2009 Meeting**)

- ❑ Children
- ❑ Transitional Age Youth
- ❑ Adults
- ❑ Older Adults
- ❑ Racial and Ethnic Communities
- ❑ LGBTQ
- ❑ Foster Children
- ❑ Homeless
- ❑ Co-Occurring Disorders/Disabled
- ❑ Rural Residents
- ❑ Veterans
- ❑ Other

SYSTEMS AND ORGANIZATIONS **(The Where -- February 3, 2009 Meeting)**

- ❑ Schools (K-12)
- ❑ Higher Education
- ❑ Medical System
- ❑ Mental Health System
- ❑ Housing
- ❑ Employment and Workplace
- ❑ Media
- ❑ Law Enforcement
- ❑ Law, Public Policy, and Legal System
- ❑ Faith-Based Organizations

Note: Families and multiple stigmas cross all target populations.

CORE PRINCIPLES AND STRATEGIC DIRECTIONS

Core Principles

The following core principles shall be embedded in all levels of planning, programs, service delivery, and evaluation of the Strategic Directions and Recommended Actions within the California Strategic Plan on Reducing Mental Health Stigma and Discrimination:

- Implement culturally competent strategies and programs that reduce disparities and reflect the contexts within which people live.

- Meaningfully involve a diversity of mental health consumers, family members, friends, and caregivers.

- Employ a life span approach.

- Address both personal, internalized experiences of stigma as well as institutional and public stigma and discrimination.

- Broaden the spectrum of partners involved.

- Use evidence-based models and promising practices.

- Ensure voluntary participation in services, programs, and activities.

Strategic Directions

Reduce mental health stigma and discrimination by:

1. **Consumers and Families:** *Creating inclusion and equality for all consumers and family members to fulfill their life goals and fully participate in their communities and society at-large.*

2. **Systems and Organizations:** *Promoting awareness, accountability, and changes in attitudes, beliefs, and practices across systems, organizations, and communities.*

3. **The Law and Public Policy:** *Enforcing the law and advancing public policy and to promote inclusion and equality, and eliminate discriminatory practices.*

4. **Research and Evaluation:** *Increasing knowledge through research and evaluation, including community-based participatory research.*

Strategic Direction 1: Consumers and Families

Creating inclusion and equality for all consumers and family members to fulfill their life goals and fully participate in their communities and society at-large.

1.1   Establish the following as key elements in transforming the mental health system:
- Recognition that everyone is at different places along the mental health continuum at different points in their lives.
- Treatment of the whole person.
- Recognition of the innate strengths and capacities of persons living with mental health challenges.
- Capacity for recovery and wellness.

1.2   Integrate peer-to-peer programs as a standard of care in mental health treatment.

1.3   Provide mental health services at familiar, non-stigmatizing community sites.

1.4   Provide support, education and guidance to families, care-givers and others closely involved with the lives of individuals facing mental health challenges.

1.5   Achieve parity between medical and mental health services in terms of coverage and financing.

1.6   Meet the housing needs of mental health consumers by:
- Providing a variety of housing options to meet the full range of needs.
- Ensuring that the housing is well integrated into neighborhoods and dispersed geographically throughout the community.
- Focusing first on the provision of housing necessities and other basic services for homeless individuals.

1.7   Expand the meaningful employment, professional development, retention, and success of mental health consumers in public, non-profit and private sector workplaces.

1.8   Address the multiple stigmas of persons living with mental health challenges who are also faced with discrimination based on their race, ethnicity, age, gender, sexual orientation, homelessness and other societal biases.

1.9   Address the internalized self-stigma of individuals and families living with mental health challenges and prevent the development of self-stigma in future generations.

Strategic Direction 2: Systems and Organizations

Promoting awareness, accountability, and changes in attitudes, beliefs, and practices across systems, organizations, and communities.

2.1   Ensure that necessary resources are appropriately distributed to achieve equitable access to mental health services and outcomes.

2.2   Initiate systemic reviews to identify and address stigmatizing and discriminatory behaviors, policies, practices and language. For example:
  • When referring to children and youth facing mental health difficulties, the following language is most appropriate: "children and youth experiencing social, emotional or behavioral challenges."

2.3   Change social norms to embrace social inclusion and respect toward individuals and families living with mental health challenges, which will encourage early and continued pursuit of services.

2.4   Establish active coordination and communication among the various systems that serve individuals and families with mental health challenges.

2.5   Promote integrative models for the delivery of mental health and primary care, especially in the provision of age-appropriate and consumer-driven prevention and early intervention services.

2.6   Establish age-appropriate prevention, recovery and wellness programs, services, and systems of care.

2.7   Ensure the adequate preparation of law enforcement in responding to the needs of individuals in mental health crises and educate the community about the alternative resources available in these situations

2.7   Educate employers to support the mental health of all of their employees.

2.8   Engage and educate the mainstream, ethnic, and interactive media as well as entertainment industries on:
  • Standards and guidelines to promote balanced and informed portrayals of people living with mental health challenges; and
  • How to serve as a resource for communicating accurate and non-stigmatizing information to the public on mental health issues and community resources.

2.9   Support community and social networks, peer-to-peer efforts and the use of technology to reduce the isolation and social exclusion faced by persons living with mental health challenges throughout different geographic areas of California, including sparsely-populated regions.

Strategic Direction 3: The Law and Public Policy

Enforcing the law and advancing public policy and to promote inclusion and equality, and eliminate discriminatory practices.

3.1   Increase awareness and understanding of existing laws and regulations designed to protect individuals and families living with mental health challenges against discrimination.

3.2   Promote the compliance and enforcement of current applicable laws and regulations.

3.3   Identify anti-discrimination policy changes to statutes and regulations that may further protect individuals and their families living with mental health challenges.

3.4   Develop and expand mechanisms and policies within the criminal justice system to:
- Avoid penal charges against and incarceration of individual experiencing mental health challenges; and
- If incarceration occurs, provide support for successful re-integration into the community upon release.

Strategic Direction 4: Research and Evaluation

Increasing knowledge through research and evaluation, including community-based participatory research.

4.1   Develop and implement a focused research agenda, including how stigma is perceived By and addressed in various cultural, ethnic and age groups.

4.2   Identify and develop methodologies for evaluating stigma and discrimination reduction programs.

4.3   Develop and utilize community-based participatory research and evaluation capacities, making research and evaluation more responsive and relevant to California needs.

State & Federal Legal Protections for People with Mental Illness

Employment

- Americans with Disabilities Act (ADA)
- California Fair Employment & Housing Act
- Rehabilitation Act
- Family Medical Leave Act
- *Garret* decision (Congress doesn't have authority to permit suits for $ damages against states for disability discrimination in employment).

Housing

- Americans with Disabilities Act (ADA)
- Fair Housing Amendments Act
- California Fair Employment & Housing Act
- Rehabilitation Act

Insurance

- Parity legislation

Education

- Individuals with Disabilities Education Act (IDEA)
- Americans with Disabilities Act (ADA)

Institutional and/or Involuntary Treatment, Self-Determination

- Civil Rights of Institutionalized Persons Act (CRIPA)
- Involuntary Holds (Welfare & Institutions Codes 5150, 5250, 5260, 5270, etc.)
- Psychotropic Medications (W&I 5323.2, 5332, PC 2600)
- Patient Self-Determination Act
- Psychiatric Advance Directives
- Lanterman-Petris-Short Act
- *Sell* decision
- *Qawi* decision

Civil Rights

- Civil Rights Act of 1964
- Voting Rights Act
- Americans with Disabilities Act (ADA)
- Unruh Civil Rights Act
- Right to bear arms
- California Elder and Dependent Adult Civil Protection Act

<u>Access to Services</u>

- *Olmstead* decision
- *Emily Q.* decision
- *Katie A.* decision
- Lanterman-Petris-Short Act
- Language access for non-English speakers
- Rehabilitation Act
- Recidivism Reduction Act

<u>Protections from Violence</u>

- Hate crimes legislation
- Police brutality prohibitions and/or education requirements

<u>Others</u>

- California Government Code 11135-11139.8 (non-discrimination in state-funded activities)
- Stigmatizing terminology in law (e.g., insane, incompetent, mentally deficient).

IMPORTANT RELATED ISSUES

- Disability benefits may be lost upon becoming employed.
- Enforcement mechanisms may be limited or insufficient.
- Social exclusion is not prohibited by the law.
- Disclosure of mental illness has pros and cons, but may be needed to assert rights.
- Privacy laws may maintain/contribute to shame and social stigma.
- Law addresses behavior, but does not necessarily change the attitudes that produce the behavior.
- The ADA and other requirements as "unfunded mandates."
- ADA limitations (qualifying mental illness, substantial limitation to a major life activity).
- Have these laws, over time, been successful in changing attitudes and/or behaviors?
- Ignorance vs. knowledge of the law.
- Issues for multicultural communities facing racial and ethnic discrimination.
- Issues for LGBTQ individuals facing discrimination on the basis of gender identity or sexual orientation.
- Issues for foster youth facing stigma and discrimination on the basis of race or ethnicity, gender identity or sexual orientation, and foster care status.
- Issues for members of the military.
- Issues affect individuals of all ages, as well as their family members (parents, spouses, caretakers).

DISCRIMINATION RELATED RESEARCH PAPERS

FOR BREAKOUT

Federal Civil Rights Policy and Mental Health Treatment Access for Persons with Limited English Proficiency

As noted in the supplement to the U.S. Surgeon General's report on mental health (U.S. Department of Health and Human Services, 2001), overcoming language access barriers associated with limited English proficiency (LEP) should help to eliminate racial and ethnic disparities in mental health care access and quality. Federal policy requires remedial action to overcome language barrier: under Title VI of the Civil Rights Act of 1964, Medicaid and other federally funded programs must provide assistance to LEP persons. Some state-level public and mental health authorities have responded by instituting "threshold language" policies. The history and terms of federal civil rights policy, and of threshold-language-policy-inspire initiatives, should be understood by everyone concerned with overcoming ethnic disparities in mental health services use. Concerned parties should promote implementation of required measures for language assistance and help to evaluate their implementation and effectiveness. February–March 2007 ● American Psychologist 109

The Legal Framework for Language Access in Healthcare Settings: Title VI and Beyond

Abstract: Over the past few decades, the number and diversity of limited English speakers in the USA has burgeoned. With this increased diversity has come increased pressure—including new legal requirements—on healthcare systems and clinicians to ensure equal treatment of limited English speakers. Healthcare providers are often unclear about their legal obligations to provide language services. In this article, we describe the federal mandates for language rights in health care, provide a broad overview of existing state laws and describe recent legal developments in addressing language barriers. We conclude with an analysis of key policy initiatives that would substantively improve health care for LEP patients.

CA Strategic Plan for Reducing Mental Health Stigma & Discrimination
Research/Evaluation Workgroup Teleconference
February 26, 2009

Moderator: *Peggy Fish, CA State Reference Librarian*

Callers: *Pat Corrigan, Illinois Institute of Technology*
                  Lucila Ramos-Sanchez, Santa Clara University
                 Debbie Perlick, Mt. Sinai School of Medicine
                 Otto Wahl, University of Hartford
                 Bill Arroyo, Los Angeles County Department of Mental Health
                 Jenessa Shapiro, University of California, Los Angeles
                 Philip Akutsu, California State University, Sacramento

Staff: *Nicole Ugarte, Center for Collaborative Policy (note-taker)*
                 Barbara Marquez, Dept. of Mental Health
                 Cielo Avalos, Dept. of Mental Health
                 Jordan Blair, Dept. of Mental Health
                 Sandra Black, Dept. of Mental Health
                 Tina Wooton, Dept. of Mental Health (call-in)

INTRODUCTION

A large part of the available research on mental health stigma and discrimination is at very broad level. The current research mostly identifies what we do not know and what data gaps exist. From the existing research, one is able to distinguish between self, family stigma, institutional, and public stigma as general classifications of the sources of discriminatory behaviors. Additionally, current research does not address the cultural differences within California's diverse population, thus overlooking the needs of communities that are already often underserved.

In order to best address such an expansive and complex obstacle as mental health stigma and discrimination, research should focus on particular priorities and targets. By identifying deficits and needs at the local level, resources can be used most efficiently to create positive change. Research shows that one model does not serve every community; however by identifying similar traits in different communities, practices may be modified to suit a particular community's need, rather than recreating a duplicative program. (See 5th bullet on next page.)

Children are a key target in all communities to reduce stigma. Behaviors are observable and therefore can be identified for change. In adults, stigmatized attitudes are often masked or difficult to isolate. By discovering more about children's current attitudes towards mental health and targeting how they learn about mental health and behavioral challenges, future stigmatizing and discriminatory behaviors towards others as well as self-stigma and can be prevented. To understand how children learn about stigma, the

attitudes and behaviors of those within the child's intimate social circle, such as family members/caregivers and friends, should be studied. Adult attitudes are often deeply entrenched and difficult to change, but by shaping upcoming generations, compassionate and inclusive attitudes become the norm across different communities.

TOPICS FOR FURTHER RESEARCH

- How stigma is perceived differently in different cultures.
- How stigma manifests in behaviors differently across cultures.
- The best practices and measures for different communities and cultures. (Once this is determined, develop a "cookbook" of effective anti-stigma approaches. You can have different sections for different cultures. Tweak approaches for different cultures.)
- How to best combat different stigmas for different diagnoses.
- Identifying similar traits in different cultural communities as a way of drawing conclusions about more universal best practices. For example, if close family bonds are a high cultural value are there practices that would be appropriate across cultures?
- Does, in fact, reducing stigma increase help-seeking behavior? We assume this, but we do not have research on this.
- Related to immediately above research topic: We do not known the degree to which other barriers prevent individuals and families from seeking services, outside of stigma.
- What are the most successful educational approaches /methods to educate students entering the mental health field with regard to addressing their internalized stigmatizing attitudes? Best areas for research on this topic:
  - Curriculum
  - Respectful and sensitive practices
  - Integration with primary care
  - Stigma and discrimination awareness
- Mental health providers' negative behaviors:
  - How to identify behaviors?
  - Why type of education is best to correct negative behaviors?
- Need better research measures for stigma than just verbal measures
- **Children's attitudes regarding mental health – one of the most important topics for research.**
  - How to best educate children about mental health and behavioral challenges to prevent self and public stigma?
- How best to develop social marketing education campaigns for underserved communities? One method, of course, is presenting the information in different languages. What else?

EVALUATION

- Meta analysis of all indicators in a given community, using pre and post measures.
- Contrasting comparison group.
- Developing measurements to evaluate stigma through a collaborative effort – don't leave it just up to academic researchers.

OTHER RESEARCH-RELATED RECOMMENDATION

- Create local technical and research support centers to advance community participatory research as well as provide services. These centers would be multi-purpose but would integrate research and evaluation into all that they do. This is an effective way to do community participatory research. Such as center would:
  - Collect data regarding deficits in the community and how to best address targeted issues.
  - Develop a personal face in the community via collaboration with local community leaders.
  - Serve as a resource for consumers.
  - Serve as an education tool for landlords, employers.
  - Comprised of consumers, advocates, researchers.
  - Collaborate with other centers to learn what research they are doing and what services are effective.